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FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5

REGISTRAR		CERTIFICATE OF	DEATH	REG. NO	0.	
1. DECEASED NAME FIRST (TYPE OR PRINT) A D D	F.A BB	O TT	2a		-2. 2.	26 HOUR 23
3 SEX Female	4 RACE White	S. DATE OF BIRTH	YEAR 98	AGE IIN YEARS LAST BIRT	HDAY) IF UNDER	YEAR IF UNDER 24 HRS DAYS HOURS MIN
79. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	MARRIED NEVER	MARRIED   9 E	Done	rcounty of DEA hester	MD.
10. CITY OR TOWN OF DEATH  Cambridge	Dorchester	General +	YT)	USUAL OCCUPATI PE OF WORK FOR MOST O IOMEMAKE:	F WORKING LIFE) INDU	IND OF BUSINESS OR STRY
Md. TISB CC		TOWNEWS 138 INSIDE	NO 🗌	STREET ADDRESS General	Delivery	
Martin	MIDDLE Bras	nble	rs maiden name First	WIDDLE		Tyer
16a WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES?  GIVE WAR OR DATES)  16b SOCIAL  214-0	37-9400 Mr. C		addre ottRobbi	ns Road	Crapo Md PPROXIMATE INTERVAL WEEN ONSET AND DEATH
Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost  PART 2 OTHER SIGNIFICAN		EOUENCE OF		l disease or coni		RT 1(0)
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WI	HICH OPERATION WAS PERF		YES NO	20b. IF YES, WERE FIN CERTIFYING CA	
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINATION OF COURRED OF COURSE OF	DEATH HOUR A.M. MONTH	DAY YEAR 19 211 LOCAT	1	(ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1 OR PA	RT 2)
WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OF			CITY OR TOW	VN COUNT	Y STATE
sow the deceosed olive abave, (1) (we) (did) (did	ospital) ottended the deceosed from  I not) view the bady after death.	om, and that in (my		to h occurred an the do		m the couses stated
226. SIGNATURE			PHYSICIAN X DI	NEDICAL STAF	e e	DATE SIGNED 16 30 79
Dr. Hahmou	od Shariff	22e. ADDRE	SS	Cambrida	ge, Md.	21613
230. BURIAL, CREMATION, REMOV (SPECIFY) Burial	23b. DATE 11-2-79	231. NAME OF CEMETERY OR Sandy Islan		Robbins	R COUDO	r. Marate

DHMH - 16 50M 1/76

TO FUNERAL DIRECTOR: After

should be detached for use as the burral-transit permit. Then please remove or with the State Dept. of Health and Mental Hygiene prior to burial, cremation. IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other trauma

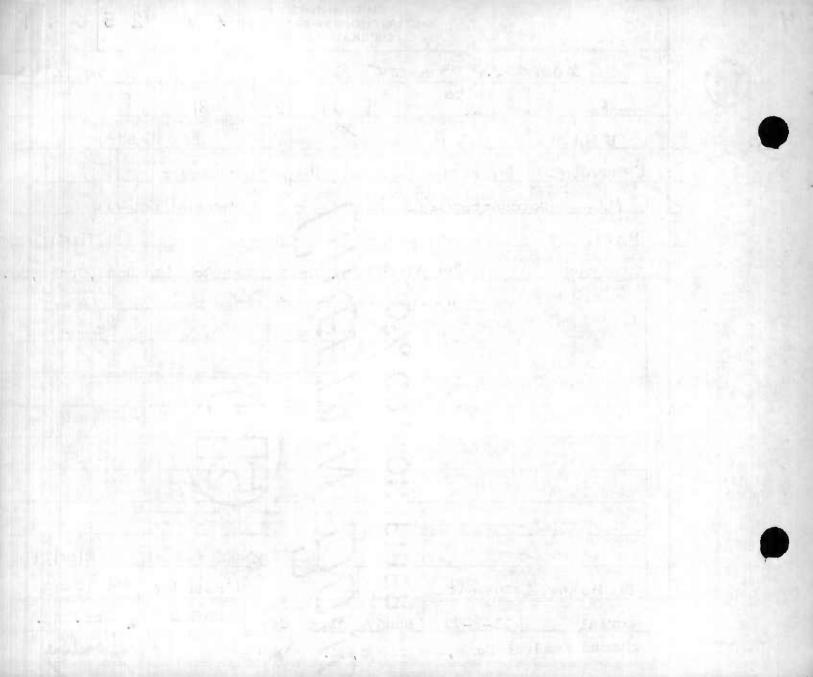
ifter this certificate has been signed as the burial-transit permit. Then ple

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physicion.

(VR A 15 (4))

Burial 11-2-79 | Sandy ISIA FUNERAL DIRECTOR THOMAS Funeral Home, Cambridge, Md.

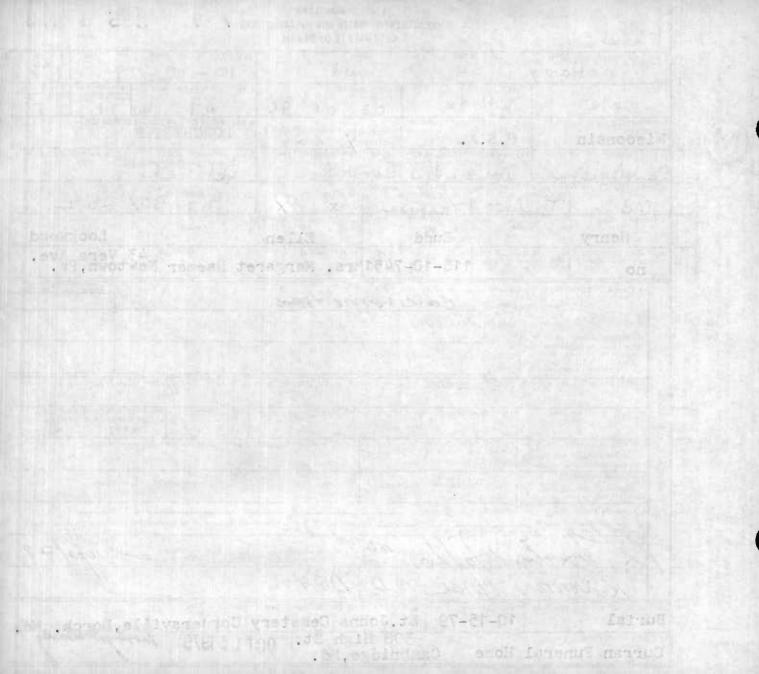
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND



STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

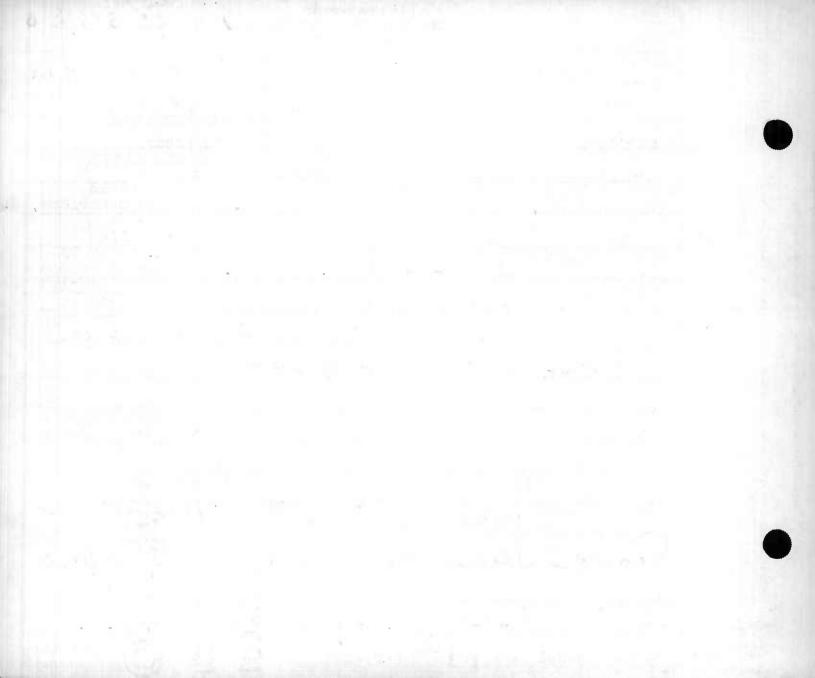
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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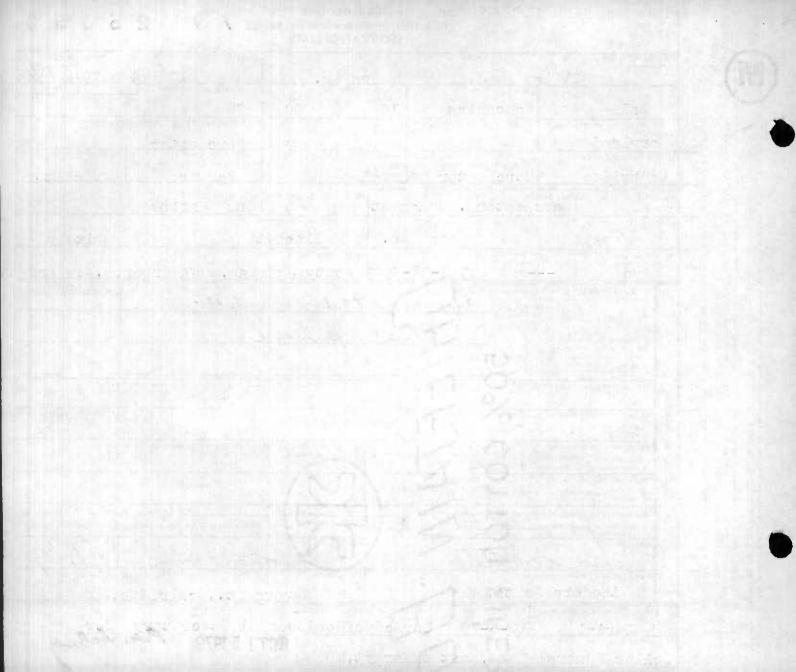
	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 7 9	25347
(IAI)		ORPRINT) PURNE	LL V	DEWNIS	20. DATE OF DEATH MONTH	DAY YEAR 126 HOUR 7 AM
ge 4 rector, mrs offere	3. SE		4. RACE	5. DATE OF BIRTH MONTH PAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
uneral dir hin 72 hou	70. B	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	P BALTIMORE CITY OR COU	
by the filled with		CAMBAIDCE	MARYLAND	NG HOME OR OTHER INSTITUTION TADDRESS)  STATE HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORKING A 9ST OF WORKING)	126. KIND OF BUSINESS OR INDUSTRY  POZER OPERATOR
in 24 hou shauld be shauld be	13a.		ROTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 13c. CITY OR TOV CESTER BERLA	YES X NO	130 STREET ADDRESS	SON ST,
omplete ond 2	1	PILLIE P.	DENNIS LAST	DORETHA	FLORENCE ADDRESS	SHACK
be executed on one of the following the medical of		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SEC E WAR OR DATES) 216-09	-9712 DELAPHINE	E E PENNIS	
ires that the death certificate igned by the attending physica en please remove corban popel burial, cremotion, or removal.	7	Conditions, if ony, which gove rise to immediate couse 101, stoting the underlying couse lost	DUE TO, OR AS A CONSEOL  (b)  DUE TO, OR AS A CONSEOL  (c)	veho-passingue	MINAL DISEASE OR CONDITION	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  2 Washin,  GIVEN IN PART 1(0)
he low requor.  On.  hos been signification to be permit. The permit of	CERTIFICATION	19a DATE OF OPERATION	IN CONDITION FOR WHICH	HOPERATION WAS PERFORMED	200 AUTOPSY? 206. II N CE	FYES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \( \text{VES} \( \text{VES} \)
HYSICIAN: Tiding physical as certificate buriol-tronsit and them 18 sh	MEDICAL CER	71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	P.M.	21f LOCATION	RRED [ENTER NATURE OF INJURY IN ITEM	
DING Protent After the se os the morked.	W	WHILE NOT WHILE AT WORK  270.1 certify that (1) (this hasp	(AT HOME, STREET, FACTORY, OFFICE, ital) attended the deceased from	FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE:
to R ATTEND: the hospitol or the hospitol or to Intectors. A tached for use e Dept. of Heol			ot) view the body after death.	DEGREE ATTENDING	death occurred on the date and	hour and from the causes stated 221. DATE SIGNED
HOSPITAL ned by th FUNERAL JID be deto the Stote		22d PHYSICIAN'S NAME (TYPE OF GE	PRINT)  H PECE	PHYSICIAN ( 22e. ADDRESS = S(+)	DIRECTOR PHYSICIAN	
Bb————————————————————————————————————	23a. (	SURIAL, CREMATION, REMOVAL BORIAL	23b. DATE 10/19/79 S	NAME OF CEMETERY OR CREMATORY  ONSET MEMORIA	23d. LOCATION CITYORTOWN  BERLIN WE	COUNTY STATE
DHMH - 16 50M 7/77 (VR A 15 (4))	24. F	INFRAL DIRECTOR While	aly Silporess	ille seil "OC	TEREC TO BY DE GRAR 25 LA	or from the state of the state

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BP\_\_\_\_\_\_ DHMH - 16 50M 7/77 (VR A 15 (4))

1	FOR - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 7 9 2	5 3 4 9
1. DE	ECEASED NAME FIRST	MIDDLE	LAST	REG. NO.  120. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	Elizabet	the second	Edwards	10	24 79 6 p
3 SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HR
1	Female	white	MONTH DAY YEAR	98 YRS	MONTHS DAYS HOURS MIN
7a. 8	SIRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
	Maryland	USA	WIDOWED DIVORCED	Dorchest	ter
10 0	ambridge	HE NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)  MENAL HOSPital	120. USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS INDUSTRY
USU 13a	JAL RESIDENCE HE NURSING HOME OF STATE DOWN	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY CHESTEL 136. CITY OR TOWN	N 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 3 THERE FEED	LANE 21601
14 F.	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA		
4	Stanley	Brya			MacCubbi
	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? (E WAR OR DATES)  212-01-		James SAME	
CERTIFICATION	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost.	196 CONDITION FOR WHICH	DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED  21c HOW INJURY OCCUP	200 AUTOPSY? 200. IF Y	EIVEN IN PART 1(0)  VES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \( \text{NO} \)
	OR CONTRIBUTING CAUSE OF DE		AY YEAR		
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY JATHOME, STREET, FACTORY, OFFICE, F.	211 LOCATION	CITY OR TOWN	COUNTY STATE
	22a. I certify that (I) (this hosp sow the deceased alive or	of view the body ofter death.	DEGREE ATTENDING	n death occurred on the date and h	
		OR PRINT)	22e ADDRESS		
	22d. PHYSICIAN'S NAME (TYPE	anman	17 FA	. 10 St	

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		STATE REGISTRAR	DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 7 9	2	5	3	5	1
ur i		CEASED NAME FIRST	WIDDLE	ı	AST	20. DATE OF DEATH	MONTH	30	VEAR	2b. HOU	IR O
	3 SE	Nobert 4  Male	RACE White	S. DATE C		6 AGE (IN YEARS LAST BIRTI		IF UNDER	1 YEAR OAYS	if UNDER	24 HRS
and 1	Fa	RTHPLACE (STATE OR FOREIGN OUNTRY) ITHOPE, Pa.	76 CITIZEN OF WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY O Dorchest	R COUNTY	Y OF DEA	ATH		MD.
6		TY OR TOWN OF DEATH  Cambridge	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A Dorchester Gene	ral H		12a USUAL OCCUPATK (TYPE OF WORK FOR MOST OF Welder-Mec	WORKING LIF	FE) INDU	JSTRY	M11	
Sermist P	130. S Ma	STATE 136 COUN	other institution, give residence before ITY 13c. CITY or town	1	13d INSIDE CITY LIMITS? YES NO 1	Rt. 2, Box	273				
Cas /	(4. FA		ner LAST		Flora PearlC	MIDDLE			LAST		
medicol		VAS DECEASED EVER IN U.S. AR. (IF YES, GIVE	MED FORCES? 16b. SOCIAL SECUR WAR OR DATES)	-	17. INFORMANT Mrs. Mildred	ADDRE	Tre	ston 2,			
rinjury, or other troumotic event	TION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT C	ly one couse per line for (a), (b), and D BY:  E CAUSE (a)  DUE TO, OR AS A CONSEQUENT (b)  DUE TO, OR AS A CONSEQUENT (c)  ONDITIONS CONTRIBUTING TO D  MONALE  WONALE	NCE OF	up T- /ref	ection		/EN IN PA	ART 1(a		
Shows an	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH (	OPERATIO		20a AUTOPSY?  YES NO		FYING CA	AUSES	GS USED OF DEAT	TH?
Hem 18	CAL	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, P	PART I OR PA	ART 2)		
rked or	MEDI	21d. INJURY OCCURRED  WHILE ONOT WHILE OF AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC.)	211. LOCATION STREET	CITY OR TOW	N	COUN	ITY	ST	TATE
MPORTANT: If them 21 is mo		22a. I certify that (I) (this haspii saw the deceased alive an above, (I) (we) (did) (did no 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OF Tauman, M.	Dawway RPRINT)	1	d that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN 220. ADDRESS	MEDICAL STAF	te and hou	22c.	DATE S		oted
)dwi	(:	SURIAL, CREMATION, REMOVAL SPECIFY Burial JUNERAL DIRECTOR	23b. DATE 23c. N.	llcre	Easton, Mary EMETERY OR CREMATORY St Cemetery 250 DATE	234 LOCATION CITY OR TOWN Federalsb: REC'D. BY REGISTRAR	are (	Caro	line	STA NC	

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	1.3	REGISTRAR	Chine St.	N	MEDICALI	EXAMIN	ER'S C	ERTIFIC	CATEO			1000	, NO.	7	0 4	Gay
1.		CEASED NAME	Lou	ise	Mae			Harr	is	2	OF DEATH	ESTI- MATED	MO MO		7-79	AM
3	3. SEX	Female	Negro	5. DATE OF BIR	TH -1918	6 AGE (IN YEA LAST BIRTHDA'	Y) MONTH	DER 1 YR.	HOURS		PRONOU!	NCED	Oct	· 7,	79	8 : 4 (
75	7a. B	RTHPLACE (STATE REIGN COUNTRY)	OR	USA    B. MARRIED   NEVER MARRIED   9. BALTIMORE CITY OF COUNT								MD				
00	Cs	mbridge		806	1). NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORLD) FOR MOST OF WORKING LIFE)					KIND OF BU OR INDUST	JSINESS RY					
5	USUA 13a S	AL RESIDENCE (IF IN TATE Md.	13b. COUNT			OR TOWN		13d. INSIDE ( Yes 🔀	NO 🗆	13e STRE	6 A	Iler	n St	•		
		Toseph		MIDDLE	Stev			Me	R'S MAIDEN	NAME		AIDDLE		hnsc		
1	16a. V	VAS DECEASED EN ES, NO, OR UNKNOWN)	/ER IN U.S. ARA (IF YES, GIVE V	AED FORCES? WAR OR DATES)		-07-90		Mary	vin H	arri	Ls	Can 8	All	ge, en S	it.	
		Canditions, gove rise cause (a) sto	IMMEDIAT  if any, which to immediate ting the under-	E CAUSE (a)  DUE TO,		nary ISEQUENCE O	)F	lusio	on						APPROXIMATI	E INTERVAL T AND DEATH
	NO	Lying couse le		(c)ONTRIBUTING TO OE	ATH BUT NOT RELA	TEO TO THE TERMIN	NAL DISEASE	OR CONDITIO	N GIVEN IN PART	[ ] (g).						
	CERTIFICATION	19g DATE OF OP		19b. CON	NDITION FOR V	WHICH OPERA	ATION W	AS PERFOR	MED?					20	O. AUTOPSY	
3		210 EXTERNAL C UNDERLYING CONTRIBUTING	OR CAUSE OF D	HOUR A	OF INJURY A.M. MONTH P.M.	19	21t. HC	W INJURY	OCCURRED	(ENTER NA	ATURE OF IN	JURY IN ITEA	M 18 PART 1	OR PART 2)		
	MEDICAL	21d. INJURY OCC WHILE AT WORK			CE OF INJURY FACTORY, FARM, ET			TREET			CITY OR TO	)WN		COUNTY		STATE
		22a. I certify th death resulted fi ACTUAL SIGNATURE		e of the remains of couses $\mathbf{k}$ ,	described obo		Autaps	Hamic	Inspection iide :	Undeter	Inquiry rmined mo	anner [	],	ny opinion ATE GNED	10/8	/79
BALTIMORE, MA	0	EXAMINER'S NAT		hn Mac				ADDRESS_			ridg	e,Mc	1.			
	I	urial, cremation Burial		10/10/		thel			tery		rown mbr	idge	, D	county	Md.	TATE
)		NAME LOWIS H.		dley	cambri	dge.M	d.		250. DATE	CTI	REGISTO	17 35b. R	EGISTA	R'S SIGN	MEG.	ody

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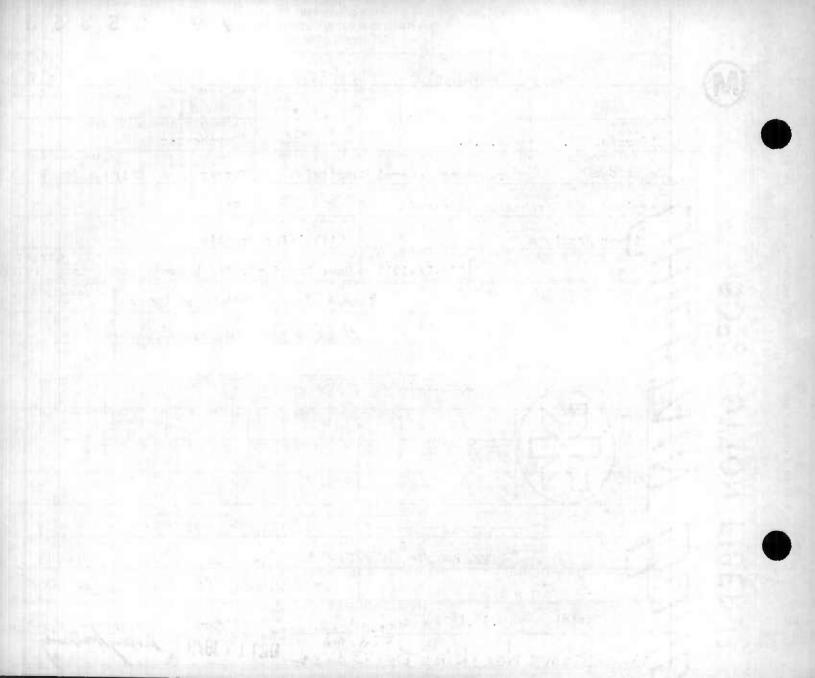
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs offer deleted by the haspital or attending physician.

	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MEN CERTIFICATE OF DEA		REG. NO.	2 3	5 (
		CEASED NAME CORPRINT)	Hammond	Hastings	20. DATE OF	10 17 170	DAY YEAR	26 HOUR
	3. SE	Male	Caucasian	5 DATE OF BIRTH  MONTH  DAY  DAY  OR- 26-	6 AGE (IN YEA		IF UNDER 1 YEAR	HOURS
35	EI	RTHPLACE (STATE OR FOREIGN OUNTRY) dorado, Md.	76 CITIZEN OF WHAT COUNTRY	MARRIED WINEVER MARK	CED Dorel	ecity <u>or</u> county nester	OF DEATH	
200	Ca	mbridge	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Dorchester Gen	raddressi eral Hospital		OR MOST OF WORKING LIFE	126. KIND C INDUSTRY 1 ry & 7	F BUSINES
33	130. S Ma	ryland Dore	ROTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 13c CITY OR TOV Chester Eldorad	VN 13d. INSIDECITY L	55.00 page 200.	DDRESS		
1090		THER'S NAME FIRST Wilmer Hastings		15. MOTHER'S MA FIRST Eilheln	nina Brambèe	MIDDLE	LAS	ST.
medica		VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GIV NO	RMED FORCES? 166 SOCIAL SEC 214-28-		nkford, Bead	address ch Haven Ro	oad, Ea	Mark st Ne
oumofic event,		PARTI. DEATH WAS CAUSI  HAMEDIA  Conditions, if ony, which	nly one couse per line lor (o), (b), o ED BY TE CAUSE (o) DUE TO, OR AS A CONSEOU	Cardio-/	elmonary Di Carde	Acrest ac Arrhyr	BETWEEN	ONSET AND D
ar other troumotic event, t	12.65	4292 IMMEDIA	TE CAUSE (0)	Gardio-Pa	1	Arrest ac Aurly	BETWEEN.	MATE INTERV.
injury, ar other troumotic event, t	ION	Conditions, if ony, which gove rise to immediate couse o), stoffing the underlying couse lost  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEOU	JENCE OF ASCV	Di Caroli		Ruia	
naws any injury, ar other troumotic event, t	TIFICATION	Conditions, if ony, which gove rise to immediate couse o), stating the underlying couse last	DUE TO, OR AS A CONSEOU    DUE TO, OR AS A CONSEOU   DUE TO, OR AS A CONSEOU   (c)   CONDITIONS CONTRIBUTING TO	JENCE OF ASCV	DE Cardu THE TERMINAL DISEASE D 200 AUTOR	OR CONDITION GIVE	EN IN PART IO	o NGS USED
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orked or litem 18 shows any injury, or other troumotic event, to	MEDICAL CERTIFICATION	PART I. DEATH WAS CAUSI IMMEDIA Conditions, if ony, which gove rise to immediate couse o), stating the underlying couse last  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	DUE TO, OR AS A CONSEOU  DUE TO, OR AS A CONSEOU  DUE TO, OR AS A CONSEOU  (c)  CONDITIONS CONTRIBUTING TO  196. CONDITION FOR WHICH  ATH HOUR A.M. MONTH D	JENCE OF ASCV  JENCE OF  DEATH BUT NOT RELATED TO 1  H OPERATION WAS PERFORME  PAY YEAR  19  211. HOW INJURY  211. LOCATION	DE Cardo  THE TERMINAL DISEASE  200 AUTOR  YES   OCCURRED (ENTER NATU	OR CONDITION GIVE  15Y? 20b. IF YES, IN CERTIFY  10 YES	WERE FIND IN YING CAUSES	NGS USED OF DEATH
Ifem 2.1 is marked ar Ifem 18 shaws any injury, or other troumatic event, t	_	PART I. DEATH WAS CAUSI    DEATH WAS CAUSI   DEATH WAS CAUSI   DEATH WAS CAUSI   DEATH WAS CAUSI   DEATH WAS CAUSI   DEATH WAS UNDERLYING   DEATH WAS UNDERLYING	DUE TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSE	JENCE OF ASCV  JENCE OF  DEATH BUT NOT RELATED TO 1  H OPERATION WAS PERFORMED  AY YEAR  19  211. HOW INJURY  19  FARM, ETC.)  211. LOCATION  STREET	THE TERMINAL DISEASE  D 200 AUTOR  YES  OCCURRED (ENTERNATE	OR CONDITION GIVE  SY?  20b. IF YES, IN CERTIFY  YES  RE OF INJURY IN ITEM 18, PA	WERE FIND IN YOUNG CAUSES	OF DEATH NO STAT
MPORTANI: If Item 2.1 is marked ar Item 18 shaws any injury, or other troumotic event, to	_	PART I. DEATH WAS CAUSI  IMMEDIA  Conditions, if ony, which gove rise to immediate couse o), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d IN JURY OCCURRED  WHILE NOT WHILE AT WORK  22a I certify that (I) (this hosp sow the deceosed alive or obove, (I) (we) (did) (did not)	DUE TO, OR AS A CONSEQUENCE OF TO THE TO TO THE TO TO THE TO TO THE TO T	JENCE OF ASCV  JENCE OF  J	THE TERMINAL DISEASE  D 200 AUTOR  YES  OCCURRED (ENTERNATE	OR CONDITION GIVE  SY?  20b. IF YES, IN CERTIFY  YES  RE OF INJURY IN ITEM 18, PA  CITY OR TOWN  On the date and hour	WERE FIND IN YING CAUSES	OF DEATH NO  STAT

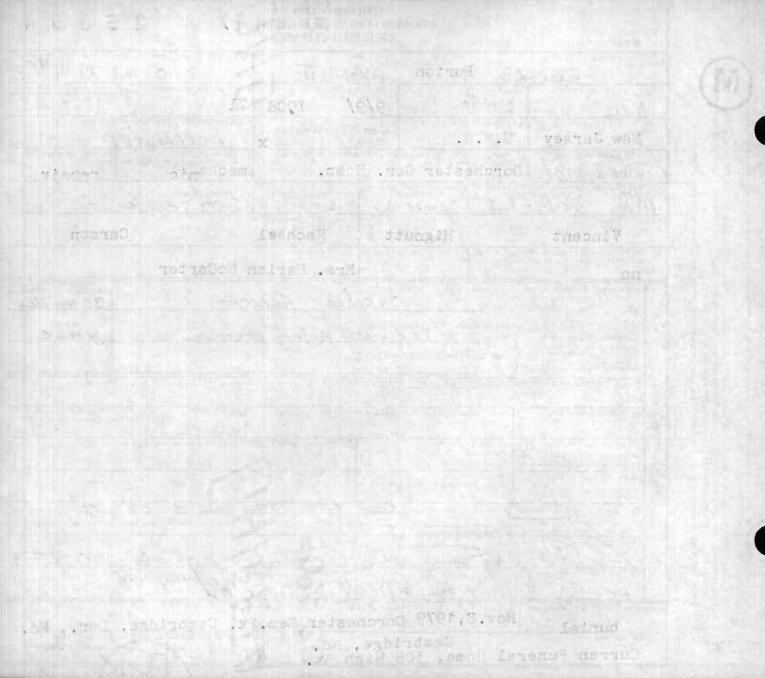
BP. DHMH - 16 50M 1/76 (VR A 15 (4))

24 FUNERAL DIRECTOR
FROMB TO W ADDRESS

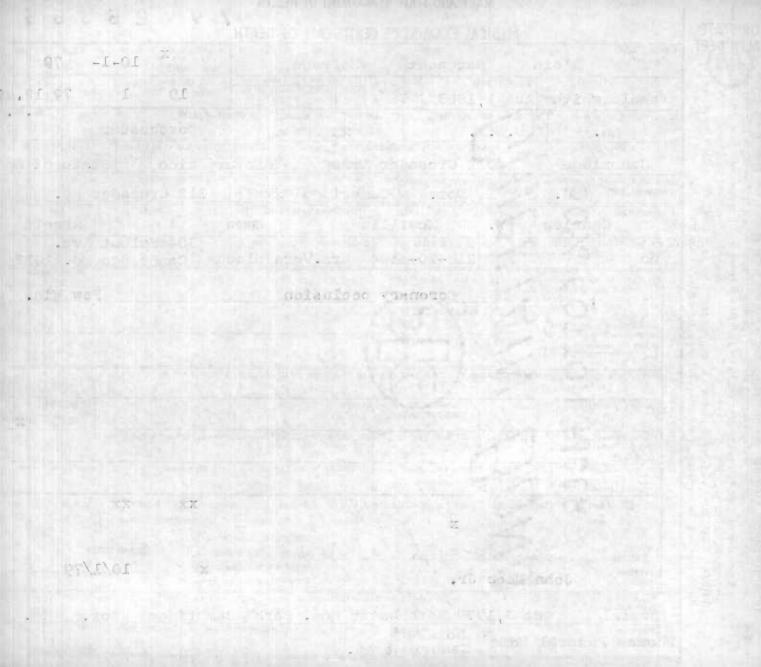
OCT 1 7 1979



3				FOR STATE REGISTRAR			AENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO		5 3	5 4
	(MM)		1 DE	CEASED NAME FIRST CORPRINT)	Ne D	Burton		GNUIT	2a. DATE OF DEATH	MONTH DA	Y YEAR	26. HOUR 46 P.
	(IAI)		3. SE		4 RACE	Ao.	5. DATE C	21.0(1)	6. AGE (IN YEARS LAST BIRT	HDAY)	FUNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
	h, Poge ol Gene 2 hours		7a. BI	RTHPLACE (STATE OR FOREIGN DUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY	OF DEATH	
	er dear a funer within 7	0/		New Jersey TY OR TOWN OF DEATH		HOSPITAL, NURSIN		DR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST O	reste	12b. KIND (	MD OF BUSINESS OR
21201	in by the filed	03	Ca	Mbridge, Md.  AL RESIDENCE (IF NURSING HOME OR	Dorch	ester G	en.	Hosp.	mechanic	WORKING LIFE		pair
AND 2	in 24 he by filled is shauld b	35	130.5	PAR 136 DOX	chester	Cambre	N	13d. INSIDE CITY LIMITS?	300 TR	entor	St.	
MARYLAND	ed within	09/	14 FA	THER'S NAME Vincent	MIDDLE	Hignu	tt	15. MOTHER'S MAIDEN NAM	WIDDLE	C	arsor	ST 1
	e execute n and col Pages 1	_		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? E WAR OR DATES)	16b SOCIAL SECU	RITY NO.	Mrs. Maria	ADDRE		, Marie	
BALTIMORE,	ysician ppers. F wal.			18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	lly one cause pe	r line far (a), (b), and	_	0			APPROX BETWEEN	ONSET AND DEATH
ON ST.,	h certifi ding ph arbanp ar rema				TE CAUSE (0)	OR AS A CONSEQUE	100	diac AKRE	2ST		301	nunates
PRESTON	he death he attend emove ca motian, a			Canditions, if ony, which gove rise to immediate couse (a), stating the	(b)_	OR AS A CONSEQUE	CONA	ey Artery C	sease		ye	ers
201 W.	ed by t please r rial, cre			underlying cause last	(c)_			0				
	equire in sign Then r		LION	PART 2. OTHER SIGNIFICANT (		THE WEST						
AL RECO	an. has bee t permit. ene pria	9	CERTIFICATION	19a. DATE OF OPERATION	19b. CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?			NGS USED S OF DEATH? NO
DF VITA	ICIAN: The partition of physicial physicial errificate ad-transit nital Hygie em 18 sho	9	_	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A	OF INJURY I.M. MONTH DA		21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PAI	RT 1 OR PART 2)	
DIVISION OF VITAL RECORDS,	PHYS ending this of the burned Me		MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  WHILE NOT WHILE	21e PLACE	OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET	CITY OR TOW	/N	COUNTY	STATE
20	in DING at atter use as the Health a			22a I certify that (this haspi	tal) attended t	he deceased from_	Oct	, '/		- 271	. /	that (I) (we) lost
	OR ATTENDI le haspital a DIRECTOR: A oched far use Dept. af Heal			sow the deceased alive on abave, (I) (we) (did) (did no 22b. SIGNATURE	t) view the had	v after death.	, 0	nd that in (my) (aur) apinion d DEGREE				SIGNED
	by the			Md. PHYSICIAN'S NAME LTYPE &	Jery PRINTI	ton	10-	ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAF		10	-27-79
	TO HOSPITAL retained by t TO FUNERAL should be def with the State	1		Lee R.	enni	nston, m	P	Cambarde	eneral Ho	pital		
	BP			BURIAL, CREMATION, REMOVAL SPECIFY)  burial	Nov.	~ ^~~		emetery or crematory nester Mem. I	23d. LOCATION CITY OR TOWN		Dor	STATE
	DHMH - 16 50M 7/77 (VR A 15 (4))		24. FL	NAME Curran Fune	ral U	Cambr	idee	Ma 25a. DATE	REC'D. BY REGISTRAN	25b. REGISTR		TURE
		-		o = 1 1 all 1 alle	TOT II	ome, ju	7 11	KU ST. I	0100000			



	MARYLAND STATE DEPARTMENT OF HEALTH	College Minde	1.70						
	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	5 5	3						
1 [		y Yeor	2b. HOUR						
	(Type or Print)  Elsie Margaret Hoffman  20. DATE KNOWN Month Do OF ESTI- DEATH MARTED  10-1								
3. 5	SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years   IF UNORR 1 YEAR   IF UNORR 24 HRS 2c, DATE PRONOUNCED DEAD	. 50	2d. HOUR						
	female white Aug 1,1903   76 YRS.	Year 1979	12.						
	BIRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH   NOTCHESTER   NEVER MARRIED   Dorchester		A . M						
	" MG. U.S.M. WIDOWED DOTCHES CEL	. KIND OF BUSI	INESS OF						
10.		tate o							
	D. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER								
	odmission) STATE Md. 13b. COUNTY Dor. Cambridge YESTENO□ 312 Crusade								
4.	FATHER'S NAME First Middle Lost 1s. MOTHER'S MAIDEN NAME First Middle Charles W. McWilliams Emma	lost							
160	. WAS DECEASED EVER IN U.S. ARMED FORCES? 166, SOCIAL SECURITY NO. 17, INFORMANT 30 400 RISS 1 30 4								
(	Yes no or unknown) (If yes give wor or dates of service) 218-20-4104 Mrs. Vera Slacum Cambridge		1613						
-	1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE BETWEEN ONSET	INTERVAL						
	Few M:								
	HO								
	Conditions, if ony, which gove rise to immediate cause (a).								
	stating the underlying cause  DUE TO, OR AS A CONSEQUENCE OF								
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)								
N		20. AUTOPSY							
CERTIFICATION	19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?								
ERIIF	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item	YES T	NO 🔀						
MEDICAL CE	PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH  P.M.  19	10.)							
MED	21d. INJURY OCCURRED 21e, PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town	Caunty	State						
	WHILE NOT WHILE at work at work factory, affice building, etc.)								
	22a. I certify that I taak charge of the remains described above, held an Autopsy, Inspection, Inquiry,	and in m	y apinia						
death resulted fram: Natural causes 🙀 , Accident 🗌 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner									
death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner .  ACTUAL SIGNATURE									
	SIGNATURE MIDICAL EXAMINED	1/70							
	NAME (Type) John Mace Jr.  ADDRESS(Street, city, town, or county)	-/-/>							
23	DEMOVAL (Specify)	ounty) (S	tate)						
0.6			Md.						
	homas Funeral Home Cambridge Md.  250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN	And A							
	Camprage Ma. Part 5 1070 Files	1886	4						



- STATE

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7

CERTIFICATE OF DEATH

REG. NO

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INI			CEASED NAME PIRST	SSIE	U	AST	20. DATE OF DEATH	MONTH DAY YEAR
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moy,		3 SE	(	4 RACE	5. DATE O		6 AGE (IN YEARS LAST B	
ge 4		3	Famale	Canans	HTMOM	DAY YEAR	8	3. YRS. MONTHS DA
Pag dire	99		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT C	OUNTRY? 8		9 BALTIMORE CITY	OR COUNTY OF DEATH
Jeoth.	<b>35</b>	i.	Mariland	W.S. A	MARRIED	DIVORCED	dered	hester Co.
ofter of the fu	1 Giffed	10. CI	TY OR TOWN OF DEATH	11 NAME OF HOSPITA		ROTHER INSTITUTION	170 USUAL OCCUPA (TYPE OF WORK FOR MOST	OF WORKING LIFE) INDUST
2120 nours I in by	70	USU	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESI	DENCE BEFORE ADMISSION	12 ( 12 (15g ) F	isme thous	ewites
ND 2 24 hc Filled in	15	13a S	STATE 13b. EQU			130 INSIDE CITY LIMITS?	13e STREET ADDRESS	0 V 25F
YLA dhin dhin 2 sh	Bee	14 F.A	THER'S NAME			15 MOTHER'S MAIDEN		
MARY ed with mplete ond 2	100/		Abrah	MIDDLE .	LAST	FIRST	MIDDLE	Car
0 -	0 1		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SC	CIAL SECURITY NO.	17 INFORMANT	ADD	
BALTIMORE, ote be execu-	medi	()	(ES, NO OR UNKNOWN)           YES, GI	IVE WAR OR DATES)	2-14-2817	Cannon	C. Gurund	t - berton
Sicio pers	. <del>1</del>		18 CAUSE OF DEATH (Enter of	only one cause per line for	(a), (b), and (c)	0 0 1	. //	APPR BETWE
the state of the s	veni		PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (0)	Dante 1	Kenel XI	relune	16
orbor	o dice	-	3030	DUE TO, OR AS A	ONSEQUENCE OF		1	1.0
PRESTON he death c emave cort	, mo		Conditions, if any, which	(b)	me to	ble Mysel	bona	141
PRE d	r fro		gave rise to immediate couse (a), stating the	DUE TO OR AS A	CONSEQUENCE OF	,		
W. hat r	othe		underlying couse last.	DOE TO, OK AS A C	CONSEQUENCE OF			
20 res 1	y, ar		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CO	NDITION GIVEN IN PART
RECORDS,	200	NO.						
W r	6/	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION F	OR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIN
ne lo an.		Ē					YES NO	IN CERTIFYING CAUS
VITA No sicin	8 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	8	71a. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCC	JRRED (ENTER NATURE OF IN	BURY IN ITEM 18, PART 1 OR PART 2
PHYSICIAN: ending phys this certifica			OR CONTRIBUTING CAUSE OF D		ONTH DAY YEAR			
HYSH ding burice	# F	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJU	JRY	211 LOCATION		
	ked	A.	WHILE NOT WHILE	AT HOME, STREET, FACT	ORY, OFFICE, FARM, ETC.)	STREET	CITY OR TO	OWN COUNTY
DIVIDING OR ATTENDING PROPERTY OF Affect of the Affect of	mor		22a. I certify that (I) (this has	pital) attended the decap	sed from Aug	9 1979	10 Oct	29 1979
A P P P P P P P P P P P P P P P P P P P	si Li		sow the deceased alive a	on and 29	19 79 Jon	d that in (my) (our) opinio	on death occurred on the	date and hour and from t
R ATTEN hospitol	e B		obove, (I) (we) (did) (did n	not) view the body ofter de		DEGREE		72¢ DA
the part of the pa	2 =		LOUNAND	· Man	4.10/	ATTENDING		AFF
by by ERA	AN I	1	22d. PHYSICIAN'S NAME ITYPE	OR PRINT)	wy /	22e ADDRESS	DIRECTOR PHYS	C
HOSP ined I	ORT		LANVEN	co Man	WALLOW A	A C	TO Ado	Sec IT MA
	- 0.		- I LOOP I N	1 , 1 , 1 ,	A MA MA	P I V	CAMBONIO	VCT.

23b. DATE

11 - 1 - 1979

STATE OF MARYLAND

CERTIFICATE OF DEATH

231 NAME OF CEMETERY OR CREMATORY

Sh Sh BP.

> DHMH - 16 50M 7/77 (VR A 15 (4))

FOR - STATE

REGISTRAR

23a. BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.

DAY

IF UNDER LYEAR

2b HOUR

176 KIND OF BUSINESS OR

IF UNDER 24 HRS HOURS

PRKING LIFE) INDUSTRY sit 0

APPROXIMATE INTERVAL BETWEEN OWSET AND DEATH

ON GIVEN IN PART 1(0)

b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES [

ITEM 18, PART 1 OR PART 2)

COUNTY STATE

that (I) (we) lost and hour and from the causes stated

22¢ DATE SIGNED

23d. LOCATION

250. DATE REC'D. BY REGISTRAR 256. REGIST AR'S SIGNATURE

2 2 2 2 Park to be a supply of the supply of the \*#\*VL parated - Know & more Day and the HOUSE THE PROPERTY STATES AND A STATE OF THE STATES for the state of the form of the second of the second And the state of the property of the state o

14	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 7 9	2 5 3 5 8
1 0 f		CEASED NAME FIRST OR PRINT)  Harret	it a.	Jackson	20. DATE OF DEATH MONTH	H DAY YEAR 26 HOUR - 16 - 79. 1220 PM
ge 4 mo		trale	PLACK	S DATE OF BIRTH MONTH DAY YEAR OLL S 1896	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER LYEAR FUNDER 24 HRS. MONTHS DAYS HOURS MIN YRS.
1 (N) 85	N	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	WIDOWED DIVORCED	9 BALT MORE CITY OR CO	UNITY OF DEATH
1 1 1	0	MBRU 6k	DECHESTE	R GRN HOSP	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	12b. KIND OF BUSINESS OR INDUSTRY
A filled in St. No.	M	AL RESIDENCE (IF NURSING HOME OR LATE	OTHER INSTITUTION, GIVE RESIDENCE BEF ITY CITY OR TO HESTER ANBLY	YES D NO D	13e. STREET ADDRESS	INCTON ST.
omplet		HOMAS	MIDDLE JACK	SON MARTEN	MIDDLE	Nichols
be execu-		(AS DECEASED EVER IN U.S. AR es, no or inknown) (IF yes, give	MED FORCES? 166 SOCIAL SE WAR OR DATES)	H-71/5 MARY	ELOATCH	CAMB MS
that the death certificate by the ottending physics use remove colloon-page. It centralism, or removal ather traumatic event, the		PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSECTION OF A CONSECTION OF AS A	DUENCE OF WD		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
A region of the plan plan plan plan plan plan plan plan	NOI	PART 2. OTHER SIGNIFICANT OF	Sever BACK	DEATH BUT NOT RELATED TO THE TERM		N GIVEN IN PART 1(a)
The low-	RTIFICATION	190 DATE OF OPERATION		CH OPERATION WAS PERFORME	200 AUTOPSY? 206.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
SK tan ing physic certificat winditham fem 18 s	ICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITE	M 18, PART I OR PART 2)
Arc. Pher. Arc. Arc. Arc. Arc. Arc. Arc. Arc. Ar	WED	21d. INJURY OCCURRED  NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
CTOR A CTOR A CT	17	saw the december of we are abave (II (we) (dilf) aid to	tal) attended the deceased fram	2/	death accurred an the date an	nd haur and wam the causes stated
PITAL OF by the No ERAL DIRE se detuche Stote Dep		TAL SIGNATURE	2	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	22c. DATE SIGNED  10-16-79
thorned to FUNE		J. Edwin	FASSett	Po. Bap	516 Cmms.	eide mit.
BP	230	PURIAL PURIAL	13b. DATE 10-20-79	DECK WITH	23d LOCATION DECEMITI	H COUNTY OR STAIS
DHMH - 16 50M 7/77 (VR A 15 (4))	7	elevid Com	lain Tamb	ESSE MS 256. DAT	OCT 22 1979	EGIŞT R'S ŞIĞN

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	1-	FOR STATE REGISTRAR			EPARTMENT OF	HEALTH	ARYLAND AND MENTAL H ERTIFICATE O			REG. NO	2 5	3 5	9
		CEASED NAME E OR PRINT)			WIDDLE		LAST	20.	DATE KN	NOWN ESTI-		DAY YEAR	26 HOUR
	0.054		KENN		RIAN		OHNSON		DEATH M	AATED X		14,,79	? M
,		ALE	GAUC	S. DATE OF BIRTH	67 12	PEARS IF UN DAY) MONTH VRS.			DATE ONOUNCI DEAD	ED 1	монтн	179	1 01 0 M
3	CA]	RTHPLACE (ST. REIGN COUNTRY)  LIFORNI	A	U.S.A.	AT COUNTRY?	8. MARRI WIDOW	ED NEVER MARRI	ED LA	DORO	CHEST	ER	Y OF DEATH	MD.
1		TUXENT	RIVER	(ID NOT IN SUCH FACE	ITAL, NURSING HOM LITY, GIVE STREET ADDRESS) RIVER NAV			FOR MOSTU	DENT	TION (TYP	E OF WORK	OR INDUS	
1	13a, S1	L RESIDENCE ( LATE  LRGINIA	13b COU	OR OTHER INSTITUTION, GIVE NTY RFAX	RESIDENCE BEFORE ADMISS  13c. CITY OR TOWN  BURKE	SION)	13d. INSIDE CITY LIMITS? YES NO X	13. STREE	ADDRESS RMR	MT B	URNSI	DE WAY	
		THER'S NAME FIRST KENNETH		ALBIN	JOHNS ON		15. MOTHER'S MAIDE JUDITH	N NAME	GAY			ELWÎĞ	
1	16a. W (YE	AS DECEASED	EVER IN U.S. A	RMED FORCES?	16b. SOCIAL SECURI	TY NO.	17. INFORMANT			ADDRESS			
	N			inly ane cause per line fo	none		KENNETH A	ALBIN	JOHNS	ON	same	as 13e	
	TION	gave ris cause (a) lying caus	NIFICANT CONDITION	DUE TO, OR A  (c)  (S CONTRIBUTING TO OF ATH BU	S A CONSEQUENCE IT NOT RELATED TO THE TER	MINAL DISEASE		RT Ι (α).					
23	RTIFICA										H, h	20. AUTOPS	NO X
	MEDICAL CERTIFICATION	214 INJURY O	X OR IG □ CAUSE OF	F DEATH ? P.M.	MONTH DAY YEAR 10 - 149	79 BI	DATING ACCI CATION ACCI CATION REET Miles sout!	IDENT	ITY OR TOWN		con	NTY	STATE M.
1			that I took cho	rge of the remains descr ural causes :	abed above, held an Accident X S	Autaps	y , Inspection Hamicide , TITLE (SPECIFY) D. DEPUTY	Undetern	Inquiry D	ner .	DATE SIGNED	inian	
19	23a. Bl	TYPE OR PRIN	ION.REMOVAL	LIAM D. BOY	(D, M . D .		ADDRESS	ARDTOW		ARYLA	ND		
	15	URIAL		10/20/79	Live Oa			Mo	nrovi	a, C	alifor	nia :	STATE
		SHOP FU	NERAL H	OME LÉÖÑÂI	RDTOWN, MA	RYLAN	D 25a. DATE P		GISTRA 9	25b. REG	ISTRAR'S SH	GNATURE	4

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~	FOR - STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL H  CERTIFICATE OF DEATH		5 3 6 3
	PEGSIKAR  PEGSIK	MIDOLE LAST LEDNUM	REG. NO.  20. DATE OF DEATH MONTH OF	779 4 50
	SEX M 4 RACE	S. DATE OF BIRTH  MONTH  OAY  YEAR  10 1P9	D/ M	FUNDER I YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN
# 15005	Boymon, hel	MARRIED NEVER MARRIED   NEVER MARRIED   WIDOWED DIVORCED	Dorchester	M
4 25 7 -	(NUBRIDGE MA "FES	OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION SUCH FACILITY, GIVE STREET ADDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS O INDUSTRY Seafood
filled in rould be	SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION TO THE STATE TO THE STATE TO THE STATE OF T	ON, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS PER NO X	? 13e. STREET ADDRESS	
completely for a short of the completely for a short of	FATHER'S NAME FIRST Oliver Lednum	LAST IS MOTHER'S MAIDEN FIRST Sarah	Josephine Hadda	LWAV
MORE, and co Poges I medical	a. WAS DECEASED EVER IN U.S. ARMED FORCES (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)		ADDRESS nia Haddaway. Bo	zman. Md.
W. PRESTON ST., of the death certification of the offending physe remove corbon physe remove corbon price remove to the remove to the remove to the remove	Conditions, if ony, which gove rise to immediate	OR AS A CONSEQUENCE OF		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
In RECORDS, 201 he low requires the on. hos been signed to permit. Then pleo ene prior to buriol, ows ony injury, or or	PART 2 OTHER SIGNIFICANT CONDITIONS AS CVB, Zen	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TO	20a. AUTOPSY? 20b. IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH?
SION OF VITAL RE PHYSICIAN: The ic ending physicion. This certificote hos the burici-fronsit per ad Mental Hygiene d or frem 18 shows	OR CONTRIBUTING CAUSE OF DEATH  [IF EITHER, NOTIFY MEDICAL EXAMINER]	A.M. MONTH DAY YEAR P.M. 19 CE OF INJURY 211. LOCATION	URRED (ENTER NATURE OF INJURY IN ITEM 18, PA	
3 O O O E	WHILE AT WORK AT WORK (AT HOME  27a.1 certify that (1) (this hospital) attended  sow the deceased alive an Additional Add		CITY OR TOWN	COUNTY STATE
TAL OR ATTENI y the hospitol RAL DIRECTOR: detached for us note Dept. of He	obave, (I) (we) (did) (did, ngt) view the 5.  22b. SIGNATURE	Beck MD ATTENDIN PHYSICIAL	G MEDICAL STAFF/	10 9/79
TO HOSPITAL (cretained by the should be deto with the State I MADORTANT: If	22d. PHYSICIAN'S NAME (TYPE OR PRINT) GEONGE	4. BECK MD 120 ADDRESS 1	SHE, CAMBAIL	DUE, MO 21
BP	30. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial Oct	12, 1979 Bozman Ceme	tery Bozman Tal	bot Md
DHMH - 16 50M 7/77 (VR A 15 (4))	NAME NAME NAME NAME NAME NAME NAME NAME	1 Drimehels Med. 250.	OCT 1 5 1979	RAR'S SIGNATURE

tooles brackers Lemental lenincecolineme 230-01-251 H. Virginia Maddagov, Louis, M. surial fet 12, 4979 per an angele and lorge tailer

Thomas Funeral Home Box 348 Maryland

FOR

- STATE

DHMH - 16 60M 1/75 (VR A 15 (4))

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

the state of the state of the state of the state of THE RESERVE TO A STATE OF THE PARTY OF THE P Andrew Committee of the Committee of the

/ -	1		Items 5,6 g	537 11	./2/79	gj DEPARTME		E OF MARYLAN EALTH AND M	_	ENF ()	2 5	3 6	5
0	FOR STATE							ER'S CERTIFIC			<i>5.</i> •		
	HEALTH DEPT.		ECEASED-NAME Type or Print)	First		Middle	The second	Lost	ATE OF DE	2a. DATE KNOWNE OF ESTI-	Month D	Doy Yeor	2b. HOUR
	Pages 1, orm PM3.	0.6		ALBERT		PAUL		MOORE IF UNDER 1 YEAR	IF CHINDS DALLIDS	DEATH MATED	10/ 2	3/7919	PM M
	0 4	3. 5	ale cau		July 1	7, <del>1905</del>	lost Virthday)	MONTHS DAYS	HOURS MIN	2c. DATE PRONOUNCE Month Oct		Year 19 <b>79</b>	2d HOUR 12;
-	8 × 8 3	70. caur	BIRTHPLACE (State or fore try) Maryland	3	U.S.A.	AT COUNTRY?		ARRIED NEVER MARI		orchester			I'M
	21201 Geot	10. (	ITY OR TOWN OF DEATH			ME OF HOSPITAL		ON (If nat in haspital		CUPATION (Kind of w	ark dane 1:	2b. KIND OF BUSI	INESS OR
			Cambridge		Do:	rchester	Gene	cal Hosp.	during most of	f working life, even if driver	retired.) IN	NDUSTRY COnstruc	
	WE, Md. within 2 in pencil inner's Official and 2 will house official	130.	USUAL RESIDENCE (Whe	vland	ived, if institu 3b. COUNTY Dorc	tion: Residence b		shop 'sHead	VES NO	13e. STREET AND NUM	MBER Md.	. 21611 hop's He	ead.
		14. F		irst	Middle		Last	15. MOTHER'S MAIDI			iddle	Last	
			Willia		J.	Moo	7			inah		Collins	6
	0.00		WAS DECEASED EVER IN U. es, na, or unknawn)	S. ARMED FORC (If yes give war a		16b. SOCIAL SECUR		17. INFORMANT with		Moore, san		130	
	4 to day		18 CAUSE OF DEATH	(Enter only or	ne couse per lir							APPROXIMATE	INTERVAL
	he he Chii		18. CAUSE OF DEATH PART I. DEATH W	AS CAUSED BY	AUSE (a) CC	ronary	occ	usion				Few	
	5 a gari		410-		( )	AS A CONSEQUENC		VI. 2018				1.04	MILITIO
	w. PRESTON certificate s ate, writing ded to the il-tronsit pe vol, and in		Canditians, if any, whi rise to immediate ca	ch gave	(b)								
	A RECORDS, 301 W. PRES  A EXAMINER: This certificate should be forworded to the reset of a briefly should be forworded to the reset of a briefly should be remotion, or removal, and		stating the underlying		DUE TO, OR	AS A CONSEQUEN	CE OF					1	
	301 v C: This certifica forward a burial		PART 2. OTHER SIGNIFIC	ANT CONDITION	NS CONTRIBUTI	NG TO DEATH BUT	NOT RELATE	D TO THE TERMINAL DIS	EASE OR CONDITIO	N GIVEN IN PART 1(a)			
	ORDS, MINE WINE the the d be d be os os	TION	19a. DATE OF OPERATION	)N		19b. CONDITION F	OR WHICH O	PERATION				20. AUTOPSY	?
	NI EXAM NI EXAM should should cremotin	CERTIFICATION				WAS PERFOR	MED?					YES 😿	NO 🗍
	7284 D=~	MEDICAL CER	21a. EXTERNAL CAUSE W PRIMARY OR CONTR CAUSE OF DEATH	AS IBUTING	21b. TIME OF I HOUR A.A P.A		, Year 19	21c. HOW INJURY OCCU	URRED (Enter natur	re of injury in Part 1 o	or Part 2, Item		
	Sony Sony sh	ME	21d. INJURY OCCURRED  WHILE AT WORK  AT WORK	21e. PLAC factory		t home, form, str	eet,	21f. LOCATION Street or	R.F.D. No.	City or Tawn		Caunty	State
	De lire			that I taak	charge of th	ne remains des	cribed obo	ve, held an Autop	sv 🛣 . Ins	pectian 🔼 , In	nquiry 🔼,	and in my	v opinion
	To To		death resulted		loturol caus		dent,		Homicide	Undetermined			, opinion
	If any delay it to the funeral by be retained it DIRECTOR:  Mental Hygier		ACTUAL	)			0	CHIEF	MEDICAL EXAMINE	R 🔲	1000		
	any the be re DIREC		SIGNATURE	The	nh	me	D	111.0.	TANT MEDICAL EXA		22b. DATE SIG		
	AL DO TO THE	1	EXAMINER'S NAME (Type)	John I	Mace J	r. MD.	i peve		TY MEDICAL EXAMIT ESS(Street, city, tov		10/2		
	after death. If 2, and 3 ta Page 5 may TO FUNERAL Health and M	23a.	BURIAL, CREMATION,	23b. DAT			OF CEMETE	Y OR CREMATORY		LOCATION (City or To		dge, Md.	tate)
	after de 2, and Page 5 TO FUI Heolth		REMOVAL (Specify) burial		25,197			r Mem. Pk.			,	"	,
	ちべるド王 DHMH-17 1/71 10M		FUNERAL DIRECTOR			A	DDRESS	21612	2Sa. REC'D BY REG	GISTRAR 2Sb. R	EGISTRAR'S SIG	GNATURE	
	(VR A15ME (5))	C	ırran Funer	al Hom	e, 308	High St	., Cam	bridge, Md	ACT 24	1979	rofrey!	Stalrendy	4

Parameter Commence of the Comm Condessor with the contract of distribution of the site of the street of th The Sheatlen but, Malaluen & score, same to like in A Local Meet II. e, and eited will Contain the state of the telephone to the state of the st Commen succession, 305 Mich St., Calmid, S.

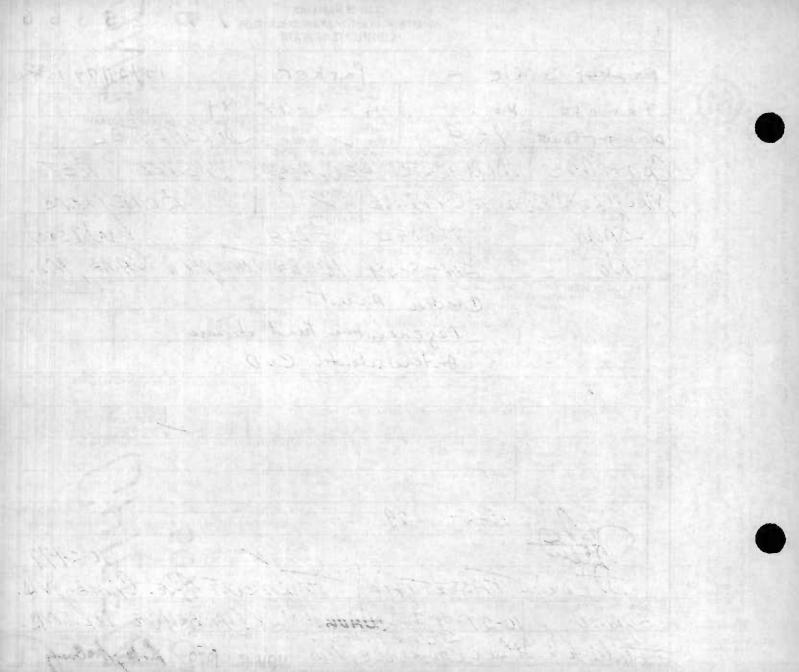
## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	1.	STATE REGISTRAR			DEI AIN	CERTIF	ICATE OF	DEATH		G. NO.		
		CEASED NAME	FIRST		WIOOFE	L	AST		20. DATE OF DEA	тн момтн	DAY YEAR	2b. HOUR
	6	a p Ker	Sac	die	-		ark	er		10,	124/79	105Pmm
	3. SEX	X	4	RACE		5. DATE C		YEAR	6 AGE IN YEARS LA	ST BIRTHDAY)	MONTHS OAYS	
	7	famal	9	Naa		4	- 8	-95	84	YRS		S MOOKS MIN.
5	C	RTHPLACE (STATE OR F DUNTRY) rehester (	oceign 7	L CITIZEN S	WHAT COUNTRY?	MARRIEL		MARRIED	1 BALTIMORE C	HES.	I E P.	MD
3	10,51	MARIA	ATH I		HOSPITAL, NURSIN	NG HOME O	-	HOSP	120. USUAL OCCI			OF BUSINESS OR
5	USU	AL RESIDENCE (IF NUR TATE	SING HOME OR C	THER INSTITUTIO	IN, GIVE RESIDENCE BEFOR	RE ADMISSION)	13d INSIDE	NO [	13e STREET ADDR	BAI	UE/X	OAS
91	14. FA	THEORNAME	Au	DOUL	PINS,	ER	15 MOTHER	S MAIDEN NAM	MIG		/ Wi	2500
1	160 V	VAS DECEASED EVER (ES, NO OR UNKNOWN)	(IF YES, GIVE V		166. SOCIAL SECT	2/84	17 INFORM	NES 1	Homps	on C	AMS.	Ms.
		18 CAUSE OF DEAT PART I. DEATH V  Conditions, if ony gove rise to im couse (a), stati underlying couse	VAS CAUSEĎ IMMEDIATE v, which mediate ng the	DUE TO, (b)_	or ASA CONSEQUED OR ASA	And BENCE OF	mest kui i	hent CUI	desense D		APPROBET WEEL	ÖXWATE MTERVA( N ONSET AND DEATH
	NOIL	PART 2. OTHER SIG	NIFICANT CO	2 SNOITIDNC	CONTRIBUTING TO	DEATH BUT	NOT RELATE	O TO THE TERM	INAL DISEASE OR	CONDITION	GIVEN IN PART I	l(a)
2	CERTIFICATION	190 DATE OF OPERA	TION	196 CONI	DITION FOR WHICH	OPERATION	N WAS PERF	DRMED	YES NO	INCER	YES, WERE FIND TIFYING CAUSE YES []	
9	B	210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEAT	HOUR A	OF INJURY A.M. MONTH D P.M.	AY YEAR			RED (ENTER NATURE C	F INJURY IN ITEM I	8, PART 1 OR PART 2)	
	MEDICAL	21d. INJURY OCCUR WHILE NOT WAT WORK AT W	WHILE E		E OF INJURY STREET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATI STREET	ON	CITY	ORTOWN	COUNTY	STATE
		22s I certify that (I	alive on_	offended to	27 19	74.00		, 19 ) (our) apinion c	death occurred on	the date and h	our and from th	
		THIS SIGNAL PROPERTY.	w					-	MEDICAL DIRECTOR P	STAFF HYSICIAN [	10a	24-79
1		1274 PHYSICIANS N	DWIN	1	ASSET!	21.	22 a. ADDRE	AIRM	DONT /	AUE.	CAME	3. Ms.
		WATEL CREMATION	REMOVAL	23b. DATE	7-10 7	NAME OF C	EMETERY OR	CREMATORY	DILLOCATION POR ON 10 W	OINER	= county of	15715

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.



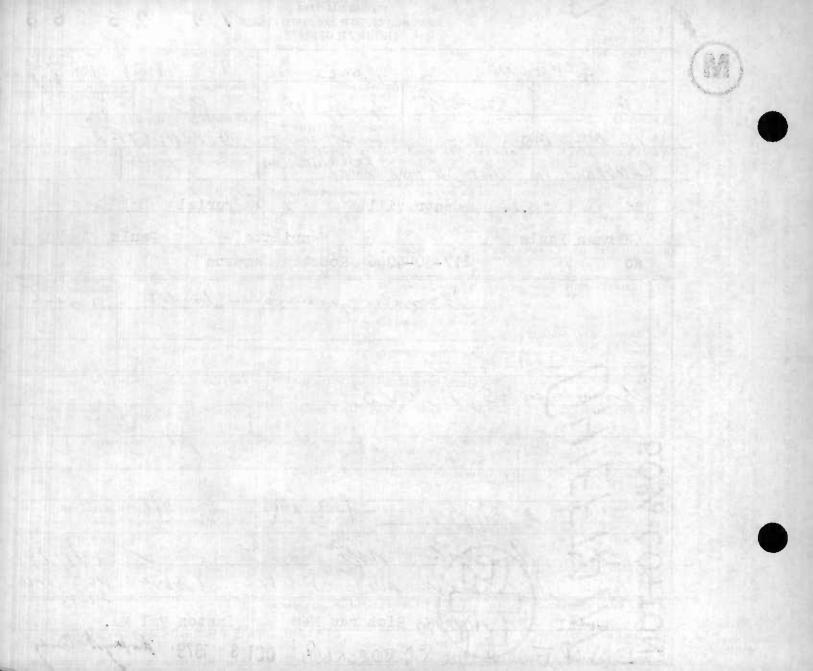
	1 -	FOR STATE REGISTRAR		DEPARTA	AENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 7 9	2	5 3	6 7
1	DEC (TYPE (	EASED NAME FIRST		MIDDLE	7	AST	20. DATE OF DEATH	HINOM	DAY YEAR	26. HOUR
		WISI		T	PA.	RKS	1.05	10-	1-19	4:20
3	SEX	emale	4 RACE Wh	ite	5. DATE C		6 AGE (IN YEARS LAST BIRT	YRS.	MONTHS DAYS	HOURS MIN
35	ço	THPLACE STATE OR FOREIGN UNTRY)		WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY	Y OF DEATH	
13		Y OR TOWN OF DEATH ambridge	11. NAME OF	HOSPITAL, NURSING FACILITY, GIVE STREET GE	G HOME C	ROTHER INSTITUTION	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O HOMEMAKE:	F WORKING LIE	126. KIND ( INDUSTRY	OF BUSINESS OF
33		L RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13. STREEL ADDRESS	llome	ere La	ne
91	4 FAT	THER'S NAME Wilby	MIDDLE G.	Pritche	tt	15 MOTHER'S MAIDEN NA GEORGI			Inŝ	ley
1	60. W	AS DECEASED EVER IN U.S. AR	MED FORCES? E WAR OR DATES)	166 SOCIAL SECU 220-12-		17 INFORMANT	ADDRE		rd,Md.	,
vent, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly ane couse pe ED BY. TE CAUSE (6)	line for (o), (b), one	1501	cineme	701		BETWEEN	ONSET AND DEATH
Umoric e		Conditions, if any, which		R AS A CONSEQUE	NCE OF	ith mes	lasTasis		24	Raks
omer no		gove rise to immediate cause (a), stating the underlying couse last.	DUE TO, C	R AS A CÓNSEOUE	NCE OF	/wer				
nlury, or	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIV	VEN IN PART 1	0)
2	CERTIFICATION	190 DATE OF OPERATION	19b COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDI FYING CAUSES ES	
- 1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE			YEAR	21c. HOW INJURY OCCUR				
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OF TOV	VN	COUNTY	STATE
21 ts mo		22a. I certify that (I) (this hosp saw the deceosed alive ar obove, (I) (We) (did) (and no		/ "	141 or	nd that in (my) (our) opinion	, to	ate and hau	19 77,	that (I) (we) to causes stated
E	0	Cresy M	Jus	delle	7.	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAI		72c. DATE	SIGNED
PORTAN		22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)	Surch.	The	220. ADDRESS A	A MON	TAK	124	3
5	23a. B	urial, cremation, removal Burial		9,1979 D	orch	ester Mem. F	23d LOCATION ark Cambr	idge	Dor.	Md. STATE
, 1	24 FU	NERAL DIRECTOR Thomas Fune	ral Ho	me Camb	rida	25a. DA	Cutc. D. By REGISTAN	25h. REGIST	TRAR'S SIGNA	TURE

PW Wall	April 1 To Market	
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	Company of the company of the company of	
	decomposite the composite of the composite of	
,	T. L. STORMAN (CONT. STATES)	
	1. me datas und evet hara	

PRESTON ST., BALTIMORE.

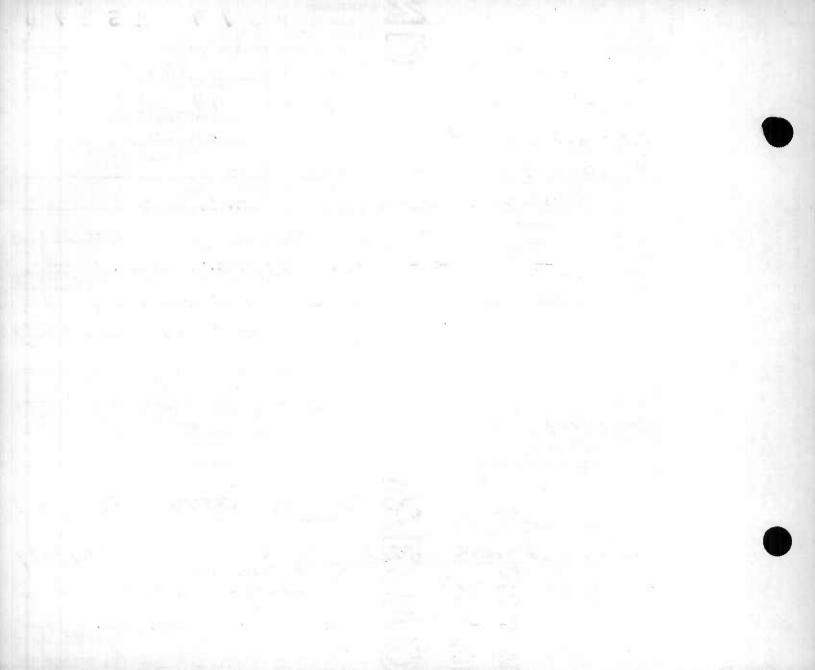
DIVISION OF VITAL RECORDS,

STATE OF MARYLAND



B/A -	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 7 9 2	5 3 6 9
	I. DE	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DA	10 1100K
E (MA)		GLADY	S N.	PEAGGER	10 2	879 84 M
The state of the s	3. SE	X	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR		FUNDER 1 YEAR IF UNDER 24 HRS
8 95			W	10 10 1902	77 YRS.	ONINS DATS HOURS MAN
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
Heoth God on 72	I	laryland	USA	WIDOWED DIVORCED	Dorchester	MD.
offer of the full	10. ⊂	Cambridge	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION ADDRESS) CHAMPEN INGE , LIMI	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
ours nours be filly	USU	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE	RE ADMISSION)	housewife	
ND 2 filled auld b	13a :	STATE 13b. COUI	NTY 13c CITY OR TOV	VN 134. INSIDE CITY LIMITS?	13e. STREET ADDRESS	
F Short		ryland Wic	omico   Salish	IS. MOTHER'S MAIDEN NA		enue. Apt.102
MARY and 2 and 2	1	FIRST	MIDDLE LAST	FIRST	WIDDIE	tAST
- 6_ 0_	160.	(unknown)	McKinn		ADDRESS	unknown)
MORE.	(	(IF YES, GIV	E WAR OR DATES		330 Glenn	Avenue Md.
E 9 05		no			E. Peacock Sali	APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH
ficate ficate pape		PART I. DEATH WAS CAUSE	1/2	- 11	"la ation"	BETWEEN ONSET AND DEATH
Certing F		IMMEDIA	TE CAUSE (d)		Lugarian	The Market
PRESTON he death c emave carl matian, or		Conditions, if ony, which	DUE TO, OR AS A CONSEOU	ENCE OF		inches.
PRE de		gave rise to immediate cause (a), stating the	(6)	COM		19
that the that the day the ease re al, crear		underlying cause last.	DUE TO, OR AS A CONSEQU	endined A-S		year,
neces es	1	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AIN AL DISEASE OR CONDITION GIVE	N IN PART I(o)
RDS, equir n sig Then to b injury	NO.		none			
VITAL RECORDS,  N: The law requirysion.  roat has been sig roast permit. Ther Hygene prior to b. 18 shows any injur.	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	20g AUTOPSY? 20b. IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH?
he k on.	F	and the second			YES NOW YES	
N: The Nysicia conte l'ensit Hygie Hygie	1 8	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18, PAI	RT 1 OR PART 2]
SICIAN ng physical recental Hem 18	N CAL	OR CONTRIBUTING CAUSE OF DE	A) II	19		
Q Fig. St.	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
VG P offer the rest the sas the hand	>	AT WORK AT WORK	(ATTOME, OTTICE), THE ONLY, OTTICE,	1 1 1	10/0	
NDIN NDIN I or Use ouse of	1		of ottended the deceased fram.	9/4/ 19 29		9 7, that ( Ywe) last
Spito Spito		sow the deceased alive ar abave, (1) we) (did) (did no	at) view the body after death.	and that in (my) your) opinion	death accurred on the date and hour	and from the causes stated
OR AT OR AT DIREC oched f Dept. of If them.		22b. SIGNATURE		DEGREE ATTENDING	MEDICAL STACE	22c. DATE SIGNED
Y the Y the Y the Y the Y the Y the I deto		george to	to Beck	PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	10/28/79
SPITAL PROPERTY OF THE STAN		228. PHYSICIAN'S NAME (TYPE	1.7	220 ADDRESS EAST	SH. HOSP WENT	TEN
TO HOSPITAL ( retained by the TO FUNERAL ( should be deto with the State E		6 CONGE	It. Brich n	14 (smBAIN	2612 Muss 21613	
5 5 5 3 3	23a.	BURIAL, CREMATION, REMOVAL	. 23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP		Burial	A 10/30079 S			orcester Md.
DHMH-16 50M 7/77	24 F	UNERAL DIRECTOR . W	LIVE OF PHECKAPORESS.	NO	TE REC'D, BY REGISTRAR 25b. REGISTR	AR'S SIGNATURE
(VR A 15 (4))	0	cog Smel	en Pocomoke	City, Md.	A A D 19/3	J. M. Woody

ENERGY TO THE RESERVE OF THE PARTY OF THE PA Telephonol (Division to Vene) and the Little . outer the man of the same and the same of the Trees Local Control of the Control o 



1-	FOR STATE REGISTRAR			DEPA	RTMENT OF H	E OF MARYLAND EALTH AND MENT ICATE OF DEAT			G. NO.	2 5	3	7	
	CEASED NAME	FIRST	M	IDDLE	L	AST .		20. DATE OF DEAT	TH MONTH	DAY	YEAR	2b HOUF	
	FC	war	4	6	0	Done &	^		10	23	79	12:4.	5 PM
3. SEX	X	4.	RACE	150	5. DATE C		EAR	6. AGE IN YEARS LAS	ST BIRTHDAY)	MONTHS	RIYEAR	HOURS	4 HRS
	male	175.0	Black		11		03	75	YR		DAIS	THO GIAS	
	RTHPLACE (STATE OR FO	DREIGN 76	CITIZEN OF W	HAT COUNTE	RY? 8	NEVER MARRI		9 BALTIMORE CI	TY OR COU	NTY OF DE	ATH		77 (6)
	11.8.	241	4.	8.	WIDOWE	. ~		Non	chie	the		_177	MD.
10 CI	TY OR TOWN OF DEA	TH 1		OSPITAL, NUR		ROTHER INSTITUTI	ON	12a. USUAL OCCU			KIND OF	BUSINE	SSOR
6	anluda	2	Dord	rester	yon	enl		labor					
USU/ 13a S	AL RESIDENCE (IF NURS	13b COUNT		13C CITY OR TO	NWN D	13d. INSIDE CITY LIV		13e. STREET ADDR	ESS		1		
14. FA	THER'S NAME	10 00-			ock.	15. MOTHER'S MAIL	_			20110		797	
	THIRST THE	MIC	DLE	2 DO		Law	111	MIDE	DLE	lan	LAST	n	
	VAS DECEASED EVER	NJ.S. ARMI	D FORCES?	166 SOCIAL SI	ECURITY NO.	17 INFORMANT	n	A	DDRESS	Seg-16	nel		
(1	(ES, NO OR UNKNOWN)	WES, GIVE W	AR OR DATES)	2423	30-1765	mon	Car	There io	Ino		V		
	18 CAUSE OF DEAT	H (Enter only	one couse per l	ine for (a), (b)	ond ic			,			APPROXIA	MATE INTERV	/AL DEATH
	PART I. DEATH W		BY:	DNGE		HEART	F	AILUR	E		1	nent	h
	185-	IMMEDIATE		AS A CONSE	OUENCE OF						20	nes 1	Per
	Conditions, if ony, gove rise to imm		(b)	HUCT	n'A						011	runt	
	couse (0), statin		DUE TO, OR	AS A CONSE	OUENCE OF	PROSTA	TIC	CANC	CR		1 ye	ear	
	PART 2. OTHER SIGN	VIFICANT CO	NDITIONS CO	NTRIBUTING	TO DEATH BUT	NOT RELATED TO T	HE TERMI	INAL DISEASE OR	CONDITION	GIVEN IN	PART 10	1	
O													
CERTIFICATION	190. DATE OF OPERA	TION	196 CONDIT	ION FOR WH	ICH OPERATIO	N WAS PERFORMED		YES NO		YES, WER RTIFYING YES			45
CER	210. ACCIDENT WAS UNE	DERLYING	21b. TIME OF			21c. HOW INJURY	OCCURR	ED (ENTER NATURE OF	FINJURY IN WEM	18, PART 1 OF	PART 2)		
	OR CONTRIBUTING (IF EITHER, NOTEY MEDIC		HOUR A.A	-	DAY YEAR	1							
MEDICAL	21d INJURY OCCUR		21e PLACE C	OF INJURY		21f. LOCATION		CITY	A TOWN	*	YTYL		VIE.
2	WHILE NOT WE		(AI HOME, SIRE	ET, FACTORY, OFF	ICE, FARM, ETC	STREET	-		A		31411	31/	VIC.
	22a.   certify that (1) sow the decease above. (1) Iwe)				man ( )	nd that if (my) (our)	opinion d	to Co	the date and	15/5 hour and f	rom the c		re) lost
	22b, SIGNATURE	didi (did not)	view the body o	otter death.	,	DEGREE		1		1	L DATES	SIGNED	1
	Mucho	QQ,	1/100	Desur	Ray M		IDING K	MEDICAL DIRECTOR PH	STAFF HYSICIAN [		101	23/	79
	22d. PHYSICIAN'S NA	AME (TYPE OR P	RINT)		J	22e. ADDRESS	1						1
23a. E	BURIAL, CREMATION,	REMOVAL	23b. DATE	2	3c. NAME OF C	EMEZERY OR CREM	ATORY	23d. LOCATION		COUNT	,	STA	1

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

FUNERAL DIRECTOR

must

100

medicol

event, the

or other troumotic

injury,

any

IMPORTANT: If Item 21 is morked at Item 18 shows

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

Funal Home north

250. DAJE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

A CONTRACTOR OF A DESCRIPTION OF THE PARTY O The service of the last the series of the se The secretary of the second The state of the second - 690 I I Washington Barrier Achie Warter W. January A SECRETARIO CONTRACTOR DE LA CONTRACTOR

0 11161	item 1,7a,12a,14,15,16 MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE	16c 817 #G537 11/27/79 6h 7 9 2 5	3 7 2
HEALTH DEPT.	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	7.5
MEALIN DEFT.		Yeor 2b. HOUR
क विवास	William Leslie Sully Sr. DEATH MATED Oct. 24	1,1979 7 7
Po 33	3 SEX LA PACE IS DATE OF RIDTH 16 AGE (ID WARDS IF UNDER 24 HRS 22 DATE DECONOLINICED DEAD	2d. HOUR
del and M3.	Male White Aug. 4, 1916 (63 YRS.) MONTHS OAYS HOURS MIN MONTH OCT DAY 24 Year	or ,79 10AN
ony delay is , 2, and 3 to n PM3. Page epartment of	70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
death. If ony defay is Poges 1, 2, and 3 to with form PM3. Poge	(duntry) New York U.S. WIDOWED X DIVORCED Dorchester	Mc
21.2 th. th. for tote	10 CITY OF TOWN OF PEATH 11 NAME OF HOSPITAL OF HASTITUTION (If not in baseital 12a USUAL OCCUPATION (Vied of work done 12b VIA	ND OF BUSINESS OR
Md. 21. Sive Pogeing with from with from the Stote	Cambridge    Give street oddress) 205 Glenburn Ave.   Accountant   INDUSTR	ξY
Md.	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c, CITY OR TOWN 13d, INSIGE CITY CHMITS? 13e, STREET AND NUMBER	
B. S. Of S.	odmission) STATE Md. 13b. (OUNTY Dor. Cambridge YES □ NO□ 205 Glenburn F	Ave.
BALTIMORE, 24 hours offer in Item 18. Gress's Office alon less's Office alon less and 2 with ansetter death	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
A a a a a a a	Albert Walter Sully Mary	arris
thin 24 hours ofter nice in them 18. Girniner's Office along pages and 2 with hours after death.	166. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 117 INFORMANT ADDRESS	arris
STREET, within pencil examine File pog	(Yes, war unknown) Wify yes are war prices of service) 086-12-9780 A. Winslow Sully, Cambridge, MD	
XAMINER: This certificate should be executed within 24 hours ofter death. If onte the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, your files.  your files.  oge 3 should be used as a burial-transit permit. File pages and 2 with the State Decrement of the Chief within 72 hours office along with form and a should be used as a burial-transit permit. File pages and 2 with the State Decremental of the Chief within 72 hours office death.		APPROXIMATE INTERVAL
W. PRESTON be executed "pending" in nief Medicol if onsit permit. I	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Carcinoma of colon	TWEEN ONSET AND DEATH
W. PRESTON  I be executed  "pending"  Thief Medicol  ronsit permit.	1539 DUE TO, OR AS A CONSEQUENCE OF	
PR e e e pen pen sit	Canditians, it any, which gave	
d b Chir	rise to immediate couse (a).    stating the underlying cause   DUE TO, OR AS A CONSEQUENCE OF	
301 hould wor the trial-1	lost.	
S, sh she he to to d in	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
DIVISION OF VITAL RECORDS, 301 VEXAMINER: This certificate should use the certificate, writing the word uge 4 should be forwarded to the Cityour files.  Page 3 should be used as a burial-tractemation, or remarked, and in any		
rriffirritifirritification	196. CONDITION FOR WHICH OPERATION 20	D. AUTOPSY?
AL Ce	19a. Date of Operation Feb. 1979  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? Carcinoma colon	YES NO 🔼
MEDICAL EXAMINER: This pleose execute the certificate, director. Page 4 should be foretained far your files.  DIRECTOR: Page 3 should be to to burial, cremathen, or refr	19a. DATE OF OPERATION  Feb. 1979  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED? CArcinoma colon  21o. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. PRIMARY OR CONTRIBUTING HOUR A.M. 19 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21d. INJURY OCCURRED 21e PLACE OF INJURY (At home form street) 21f. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21g. INJURY OCCURRED 21e PLACE OF INJURY (At home form street) 21f. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
P P P P	PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH  P.M.  19	
INER: INER: In cert shoul files. 3 shoul	CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town Count	ty State
EXAMINER: cute the certi oge 4 should your files. Poge 3 should.	WHILE NOT WHILE factory, office building, etc.)	
DIVI EXA ecute Poge ar you R: Pog		
AL For for rial		nd in my opinion
MEDICAL oleose exe director. P etained fa DIRECTOR	death resulted fram: Natural causes ** Accident, Suicide, Homicide, Undetermined monner	
MEI leo dire dire tr to	ACTUAL CHIEF MEDICAL EXAMINER CONTROL STATE SIGNED	
Y. P.	SIGNATURE M.D. ASSISIANI MEDICAL EXAMINER 220. DATE SIONED	
EPUTY MEDICA ssory, pleose ex funeral director. oy be retained NERAL DIRECTOR	EXAMINER'S John Mace Jr.  NAME (Type)  John Mace Jr.  ADDRESS (Street, city, tawn, or county)  Camoringe	
TO DEPUTY MEDICAL EXAM necessory, please execute the funeral director. Poge 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health pager to burial, crem	(Apr.) (A	
10 T = 20 H	PEMOVA) (Specify)	
	Burial Oct. 26,79 St. Mary's Cemetery Tuxedo Park, Ora	inge N.I.
VR A15ME (5)	Thomas Funeral Home Box 348 Cambridge, Md DATE OCT 29 197 35b. REG 11 AL ANDRESS	Choonly

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Thomas Funeral Home Cambridge Md

(VR A 15 (4))

STATE OF MARYLAND

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	1.	FOR - STATE REGISTRAR		STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 7 9 REG. NO.	2 5 3 7
page 3	(TYPE	CEASED NAME FIRST Flore	ence E.	Vinton	The state of seasons	0 24 79 315
, de	3 SE	Female	Caucasian	5. DATE OF BIRTH MONTH DAY YEAR 62 // 99	6 AGE (IN YEARS LAST BIRTHD)	MONTHS DAYS HOURS
Carried Anna	70. BI	RTHPLACE (STATE OR FOREIGN OUNTRY) New Jersey	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR	county of DEATH
pp d	-0	or town of DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	ING HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION (Type of work for most of w homemaker	126 KIND OF BUSINES
filled in nauld be	130	naryland Done	ROTHER INSTITUTION, GIVE RESIDENCE BEFO	ORE ADMISSION) WN 134 INSIDE CITY LIMITS?	130 STREET ADDRESS 431 RAGE	. St.
d completely es 1 and 2 sh	7	John	H. Walker		MIDDLE	McConnell Mc Connell
on and costs. Pages I		VAS DECEASED EVER IN U.S. AR YES, NO ORUNKNOWN) (IF YES, GIVE NO		-8370 Mrs. Virgin	rdian) ADDRESS nia Lee Tow	Cambridge, Md
requires more microcarnical and a signed by the attending. Then please remove carb raburial, cremation, or injury, or other traumatic	NOI	Conditions, if ony, which gove rise to immediate couse iol, storing the underlying couse lost.  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUENCE (b) CONSEQUENCE (c) CONDITIONS CONTRIBUTING TO	Bluder, Me	UNITY HOLD	
	7 3	19a DATE OF OPERATION	196 CONDITION FOR WHIC	HOPERATION WAS PERFORMED	20a AUTOPSY? 2	Ob. IF YES, WERE FINDINGS USED
hos bee to permit tene prior ows any	TIE	9/27/29	gustusevpr	7 of 61 Breedy	YES NO	N CERTIFYING CAUSES OF DEATH
hos bee to permit tene prior ows any	CAL CERTIFICATION	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING COSE OF DEA	ATH HOUR A.M. MONTH	DAY YEAR 19		N CERTIFYING CAUSES OF DEATH
ding physician and a ding physician is certificate has been burial-transit permit I Mental Hygiene prio or Item 18 shows any	MEDICAL CERTIFIC	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF OF DEA	ATH HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	YES NO	N CERTIFYING CAUSES OF DEATH
ptol or attending physician. TOR: After this certificate has bee for use as the burnol-transit permit of Health and Mental Hygiene prior I is marked or Item 18 shows any	4-3	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CONTRIBUTING OF DEA (IF EITHER, NOTIFY MEDICALEXAMINER) 218. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220 I certify that (1) (this haspi saw the decepted alive an above, (1) (we) (did) (did)	P.M.  210 PLACE OF INJURY	DAY YEAR 19 211 LOCATION STREET  , ond that in (my) (our) opinion	YES NO PRED (ENTER NATURE OF INJURY IN CITY OR TOWN	COUNTY  COUNTY  STAT
he hospital or attending physician.  DIRECTOR: After this certificate has bee tached for use as the burial-transit permit in Dept. of Health and Mental Hygiene prior if hem 21 is marked or liem 18 shows any if hem 21 is marked or liem.	4-3	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OSE OF DEA (IF EITHER, NOTIFY MEDICALEXAMINER) 218. INJURY OCCURRED WHIE NOT WHILE AT WORK NOT WHILE Sow the decepsed alive an above. (I) (we) (did) (did no 22b. SIGNATURE)	P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE  atol) ottended the deceased from (b) 11 view the body office/death.	DAY YEAR 19 211 LOCATION STREET  Ond that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN	YES NO PRED (ENTER NATURE OF INJURY IN CITY OR TOWN death occurred on the date	COUNTY STAT
hospital or attending physician. IRECTS After this certificate has bee shed for use as the burial transit permit ept of Health and Mental Hygiene prior them 21 is marked or Item 18 shows any Item 21 is marked or Item 18 shows any	MEDICAL	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OSE OF DEA (IF EITHER, NOTIFY MEDICALEXAMINER) 218. INJURY OCCURRED WHIE NOT WHIE ATWORK 270   certify that (i) (this haspi saw the decased alive an above, (i) (we) (did) (did no 27b. SIGNATURE	ATH HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE  atol) ottended the deceased from (AT) view the body ofter/death.  21) view the body ofter/death.	DAY YEAR 19 211 LOCATION STREET  Ond that in (my) (our) opinion of DEGREE	YES NO PRED (ENTER NATURE OF INJURY IN CITY OR TOWN death occurred on the date	COUNTY STAT

